

Bridge #

BRIDGING THE GAP CALL LOG

Quarter

Date	Time	Age	Male/Female
Name			Discharge Date
Home Address			Treatment Facility of Origin
City/State/Zip Code		Couns	selor Name & Number
Phone Numbers			
Is Family Aware at Home Number?			
Been to AA on the Outside, Acquire Any Time?			
Daily or Binge Drink	ker?		Additional Information
1st Time in treatme	nt?		
Any Other Substances?			
Has Transportation?			
Any Special Needs?			
Assigned to:			
Phone #			

Don't forget to inform the Area 75 Treatment Chair of Bridging the Gap Services of this request. This helps in evaluating the effectiveness of the Bridging the Gap and how to better carry the message to alcoholics in Treatment Facilities.